



Notice of Service Interruption/Area Closure
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
 Print Form

Date of Interruption/Closure: <input type="text" value="MARCH 29 - 31, 2017"/>	Time(s): <input type="text" value="8:00 A.M. - 4:30 P.M."/>
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Building(s) Affected: #1 <input type="text" value="FACULTY OF EDUCATION BUILDING (FEB)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

Service to be interrupted: #1 <input type="text" value="Fire Alarm Device Test"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="MAR. 16, 2017"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
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Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/>	Date: <input type="text" value="MAR. 16, 2017"/>
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Reviewed by Trade Manager(s)/Shop(s) Affected:

Name: <input type="text" value="Fire Safety"/> Date: <input type="text"/> Signature/Stamp:  Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Principal Occupants: <table border="1" style="width:100%"> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> </table> Approval to Proceed: <input type="text"/> Date: <input type="text"/> <div style="border: 2px solid green; padding: 5px; text-align: center;"> APPROVED <i>By Andrew Merucci at 9:38 am, Mar 17, 2017</i> </div>	Name:	Ext.:	Date:	Name:	Ext.:	Date:	Name:	Ext.:	Date:	Name:	Ext.:	Date:
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Notes: